



APPLICATION FOR WAIVER OF FEES

Case No. _____
Filing Date: _____

Name of Applicant: _____

Mailing Address: _____

_____ Phone: _____

Name to be listed on check: _____

Project Location and Description: _____

Please list all the fees requested for waiver and amount. Attach copies of proof of payment.

TYPES OF APPLICATION

CASE NO.

AMOUNT

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

TOTAL: _____

Non Profit Status: Yes _____ No _____

If yes, please provide copy of IRS tax-exempt status form for non-profit organizations.

Please explain why the payment of the above fees would place a peculiar economic hardship on you or the organization.

Print Applicant Name

Signature

Date